

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213518123			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: HRI Bridge Company (USED IN VA BY: HRI, Inc.)</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street</p> <p>RICHMOND, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%; text-align: right;"> <p>DUE DATE: 1/31/2013</p> <p>SCC ID NO: F1812652</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 1750 WEST COLLEGE AVENUE SUITE 1</p> <p style="text-align: center;">CITY/ST/ZIP: STATE COLLEGE, PA 16801</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: TED GEDDIS TITLE: VICE PRESIDENT ADDRESS: 1750 W. COLLEGE AVENUE CITY/ST/ZIP/CO: STATE COLLEGE, PA 16801 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: TED GEDDIS TITLE: VICE PRESIDENT ADDRESS: 1750 W. COLLEGE AVENUE CITY/ST/ZIP/CO: STATE COLLEGE, PA 16801	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME:	MARSHA ALBERTSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	1750 W. COLLEGE AVENUE		
CITY/ST/ZIP/CO:	STATE COLLEGE, PA 16801		
NAME:	RON BARGER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	1750 W. COLLEGE AVENUE		
CITY/ST/ZIP/CO:	STATE COLLEGE, PA 16801		
NAME:	DEBRA A. KEIRN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	1750 W. COLLEGE AVENUE		
CITY/ST/ZIP/CO:	STATE COLLEGE, PA 16801		
NAME:	ANTHONY L. MARTINO II	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	163 MADISON AVENUE		
CITY/ST/ZIP/CO:	SUITE 500 MORRISTOWN, NJ 07960		
NAME:	KEVIN MCCORMICK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	1750 W. COLLEGE AVENUE		
CITY/ST/ZIP/CO:	STATE COLLEGE, PA 16801		
NAME:	BRIAN TIBBOTT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	1750 W. COLLEGE AVENUE		
CITY/ST/ZIP/CO:	STATE COLLEGE, PA 16801		
NAME:	TIMOTHY L. WALDMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	1750 W. COLLEGE AVENUE		
CITY/ST/ZIP/CO:	STATE COLLEGE, PA 16801		
NAME:	GEOERGES AUSSEIL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	163 MADISON AVENUE		
CITY/ST/ZIP/CO:	SUITE 500 MORRISTOWN, NJ 07960		
NAME:	JEAN-LUC BEGASSE DE DHAEM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	163 MADISON AVENUE		
CITY/ST/ZIP/CO:	SUITE 500 MORRISTOWN, NJ 07960		
NAME:	THOMAS P. FOUSE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1750 WEST COLLEGE AVENUE		
CITY/ST/ZIP/CO:	STATE COLLEGE, PA 16801		
NAME:	JEFFREY C. LAMB	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1750 WEST COLLEGE AVENUE		
CITY/ST/ZIP/CO:	STATE COLLEGE, PA 16801		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREW E. ORD VICE PRESIDENT 1750 WEST COLLEGE AVENUE STATE COLLEGE, PA 16801	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PHILIP A. CARPER ASST SECRETARY 1750 WEST COLLEGE AVENUE STATE COLLEGE, PA 16801	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROY S. HELMS JR. ASST SECRETARY 1750 WEST COLLEGE AVENUE STATE COLLEGE, PA 16801	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JASON M. LEMIRE ASST SECRETARY 1750 WEST COLLEGE AVENUE STATE COLLEGE, PA 16801	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN E. SCHAFER ASST SECRETARY 1750 WEST COLLEGE AVENUE STATE COLLEGE, PA 16801	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN M. BERBEC ASST SECRETARY 1750 WEST COLLEGE AVENUE STATE COLLEGE, PA 16801	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ SCOTT STROUSE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		SCOTT STROUSE, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE		4/16/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.					